

**APPLICATION FOR UNITED STATES PATENT
Declaration and Power of Attorney**

50 1735
USA

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name: that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

described and claimed in the specification:

Check one a. (X) attached hereto.
 b. () filed on _____ as Application Serial No. _____ and amended on (if applicable) _____

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35 U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:

FRANCE 00 08280 filed on June 26th, 2000.

The following applications for patent or Inventor's certificate on this Invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

None

2 If there are no corresponding applications, insert "NONE".

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Roger W. Parkhurst, Reg. No. 25,177; and/or Charles A. Wendel, Reg. No. 24,453

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO
PARKHURST & WENDEL, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia 22314-2805,
Telephone: (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

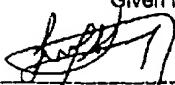
| | | | |
|---|--|-------------------|---------|
| 3 Typewritten Full Name of Sole or First Inventor | CHARRIER | | Pierre |
| *4 Inventor's Signature | <u>Pierre Charrier</u> | | |
| 5 Date of Signature | May 14, 2001 | | |
| 6 Residence | MIGNE-AUXANCES | | FRANCE |
| 7 Citizenship | City | State or Province | Country |
| 8 Post Office Address (Insert complete mailing address, includ. country) | 27, rue de la Longerolle - Chandonchamps 86440 MIGNE-AUXANCES | | FRANCE |

* This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.
** Note to the Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole Inventor application)

3 Typewritten Full Name of
 Second Joint Inventor (if any) **GUILLOT** **Alain**
 Given Name Middle Initial Family Name

*4 Inventor's Signature 

5 Date of Signature **May 14, 2001**

6 Residence **FLEAC** **FRANCE**

7 Citizenship **French** **City** **State or Province** **Country**

8 Post Office Address
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3 Typewritten Full Name of
 Third Joint Inventor (if any) **Given Name** **Middle Initial** **Family Name**

*4 Inventor's Signature **→**

5 Date of Signature **→**

6 Residence **City** **State or Province** **Country**

7 Citizenship **City** **State or Province** **Country**

8 Post Office Address
 (Insert complete mailing
 address, includ. country) **City** **State or Province** **Country**

3 Typewritten Full Name of
 Fourth Joint Inventor (if any) **Given Name** **Middle Initial** **Family Name**

*4 Inventor's Signature **→**

5 Date of Signature **→**

6 Residence **City** **State or Province** **Country**

7 Citizenship **City** **State or Province** **Country**

8 Post Office Address
 (Insert complete mailing
 address, includ. country) **City** **State or Province** **Country**

3 Typewritten Full Name of
 Fifth Joint Inventor (if any) **Given Name** **Middle Initial** **Family Name**

*4 Inventor's Signature **→**

5 Date of Signature **→**

6 Residence **City** **State or Province** **Country**

7 Citizenship **City** **State or Province** **Country**

8 Post Office Address
 (Insert complete mailing
 address, includ. country) **City** **State or Province** **Country**

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** This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.